



## TRANSMITTAL FORM

Attorney Docket No.  
GB919990081US1/1751PAF  
2100

In re the application: John B. IBBOTSON et al. Confirmation No.: 8913

RECEIVED

Serial No: 09/675,468

Group Art Unit: 2173

NOV 20 2003

Filed: September 28, 2000

Examiner: Pillai, Namitha

Technology Center 2100

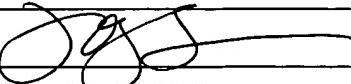
For: Method and Tool for Graphically Defining an Expression

| ENCLOSURES (check all that apply)   |  |   |  |                                     |   |
|-------------------------------------|--|---|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply  | <input type="checkbox"/>  | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group                            |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> After Final              | <input type="checkbox"/>  | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/>            | Information disclosure statement                             | <input type="checkbox"/>  | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/>            | <input type="checkbox"/> Form 1449                           | <input type="checkbox"/>  | Drawings   | <input type="checkbox"/>            | Status Letter   |
| <input type="checkbox"/>            | <input type="checkbox"/> (X) Copies of References            | <input type="checkbox"/>  | Petition   | <input checked="" type="checkbox"/> | Postcard  |
| <input type="checkbox"/>            | Extension of Time Request *                                  | <input type="checkbox"/>  | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/>            | Express Abandonment  | <input type="checkbox"/>  | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc                               | <input type="checkbox"/>  | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>            | Response to Incomplete Appln                                 | <input type="checkbox"/>  | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>            | Response to Missing Parts                                    | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from _____ to _____. |  |                                     |   |
| <input type="checkbox"/>            | <input type="checkbox"/> Executed Declaration by Inventor(s) |   |  |                                     |   |

| CLAIMS             |                                  |   |              |         |                    |
|--------------------|----------------------------------|---|--------------|---------|--------------------|
| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE    | FEE                |
| Total Claims       | 19                               | 20                                      | 0            | \$18.00 | \$ 0.00            |
| Independent Claims | 4                                | 4                                       | 0            | \$86.00 | \$ 0.00            |
|                    |                                  |   |              |         | Total Fees \$ 0.00 |

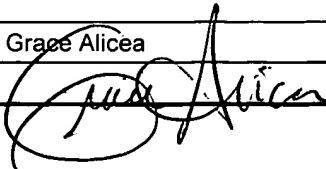
## METHOD OF PAYMENT

|                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                             |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.                |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation). |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Attorney Name                              | Joyce Tom, Reg. No. 48,681  |
| Signature                                  |  |
| Date                                       | November 14, 2003   |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: November 14, 2003

|                      |   |
|----------------------|---|
| Type or printed name | Grace Alicea  |
| Signature            |  |